

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. *10/2003 761* FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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9						
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11						
12						
13						
14						
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16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27		1				
28		1				
29						
30		1				
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43	1					
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	<i>2</i>					
TOTAL DEP.	<i>2</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
TOTAL CLAIMS	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						